

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 0627674 FILING DATE 8
 APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1		1	
2		1		1		1
3						1
4				1		
5				2	1	
6				2	1	
7				2		1
8				2		1
9				2		1
10				1	1	
11				1		1
12				1		1
13				1		1
14		1		1		1
15		2		2		2
16		2		2		2
17		1		1	1	
18		1		1		1
19		1		1		1
20		1		1		1
21	1		1		1	
22		1		1		0
23		1		1		0
24		2		2		0
25		2		2	1	
26		2		2		1
27		1		1		1
28	1		1			1
29		1		1		0
30		2		2	1	
31		2		2		1
32		2		2		1
33		2		2		1
34		2		2		1
35		0		1		1
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50						
TOTAL IND.	3		3		8	
TOTAL DEP.	42		47		27	
TOTAL CLAIMS	45		50		35	

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